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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *h*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *h*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY GA	SHEETS DRAWING 3	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 3
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## TITLE

Gesture activated home appliance

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